Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/791,269			ing Date 03/2004	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
FOR			IUMBER FI	.ED NU	MBER EXTRA	Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))	V	minus 20 =				x \$ = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			l	x s =		1	X 8 =	
H the specification and drawings exceed 100 better of pager, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or Intaction thereof. See 35 U.S.C. 41(q)fY(g) and 37 CFR 1.16(g).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) [CLAIMS HIGHEST							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	01/18/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 4	Minus	20	= 0	l	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	3	- 0	l	x s =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)				-		
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15())		Minus		=	1	X \$ =		OR	X 8 =	
₽	Independent (37 CFR 1 16(h))		Minus	***	-		X \$ =		OR	X \$ =	
N.	Application Size Fee (37 CFR 1.16(s))]			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
*! If the entry in column 1 is isses than the entry in column 2, write 0° in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For "1" THIS SPACE is less than 20, enter "3". The Highest Num											

into consciond information is required by 3 of Let 1. 16. The findmand is required to domain of retain a content by the placife winds in section is required by process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CHR 1.14. This condition is estimated to late 2 initialises to one price including gathering, preparing, and submitting the completed application form to the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cells fellowation (U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2231-0. D. NOT ISSNO, D. NOT ISSNO, D. NOT ISSNO, T. STAND TO: Commissioner for Patients, P.O. SOX 1450, Alexandria, V.A. 2231-31450.